

**CALWORKS RFP
QUESTIONS AND ANSWERS (Q & A)
Proposers Conference Handout*
October 5, 2010**

MINIMUM MANDATORY REQUIREMENTS

1. The RFP states, ***"Proposers must demonstrate they have no less than four (4) years of experience in providing day care habilitative treatment services, outpatient counseling services, residential medical detoxification, and residential treatment services to CalWORKs WtW program participants. Each consortium member should individually have no less than four (4) years of experience in the day care habilitative treatment services, outpatient counseling services, residential medical detoxification and/or residential treatment services they will provide as assigned by the lead agency under any awarded agreement herein."*** Does this mean that the lead agency submitting the proposal for a consortium must have no less than four years of experience providing all four of the services, day care habilitative treatment services, outpatient counseling services, residential medical detoxification services, and residential treatment services to CalWORKs WtW program participants? In other words, if the lead agency has experience providing only one or two of the four services, the agency is not eligible to submit a proposal as a lead agency?

This means a lead agency need only have four years CalWORKs WtW experience in the service area (i.e., day care habilitative treatment services, outpatient counseling services, residential medical detoxification, and residential treatment services) they will provide and their consortium members need only to have four years CalWORKs WtW in the services are they will provide. In other words, a lead agency need not have four years experience in all four services areas to submit a proposal, if their consortium members have four years experience in the service areas where they lack such experience.

2. Does this mean 4 consecutive years? Are these 4 years relative to a particular time frame, such as "in the last five (5) years" or do you mean ever in the history of the agency?

The intent of the RFP is to require four years of experience, preferably consecutive, but four years experience within the last seven years is acceptable.

3. According to the RFP (page 17), if a proposer and/or partners do not have the necessary certification and or license from ADP, then they must satisfy these requirements by November 8, 2010 with proof that the application is in process and near completion, however in the Minimum Mandatory Requirement to Participate a "NO" response will automatically obtain a score of FAIL and will be deemed unresponsive to the RFP, and will be disqualified from further evaluation. Can this be clarified?

The RFP states that proposers must "demonstrate their ability to meet the minimum requirements". "Demonstrate their ability" means the proposer must either:

- Provide copies of current licenses/certifications; OR

* Handout distributed at the CalWORKs RFP Proposers Conference on October 5, 2010.

- Describe plans or present a timetable that shows the appropriate applications are in process and near completion by the proposal due date, November 8.

If the applications are either in process or near completion by November 8, "YES" is the response to this requirement.

4. **Since ADP does not license residential detoxification services or certify day care habilitative services, what documentation should proposers provide? Is SAPC able to identify programs in Los Angeles County who possess such licensure and/or certification, or are otherwise considered eligible providers of these services for purposes of the RFP?**

Proposers should be certified to provide residential medical detoxification services and residential services should be provided from a licensed facility.

For more information on licensure and certification requirements, go to ADP website at <http://www.adp.ca.gov/Licensing/certification.shtml>.

5. **Must the proposing agency have certification and/or license for all four of these services to be eligible?**

The proposing agency, or lead agency, only needs to have the proper certifications and licenses for the services that it will provide. If the proposing agency will provide all four services on its own, without any consortium members, then this proposing agency should have the necessary certifications and licenses for all four services.

6. **The RFP indicates as one of its Minimum Mandatory Requirement s, "Proposers must be certified by ADP to provide DCH and outpatient treatment services and must have a valid current license from ADP to provide residential medical detox services or residential treatment services." Does Drug Medi-Cal certification for outpatient and day care habilitative treatment services qualify as certification under this requirement?**

Yes, Drug Medi-Cal certification for outpatient and day care habilitative treatment services would qualify as certification under this requirement.

7. **With regard to the mandatory requirement of provision of "Day Care Habilitative" (DCH) services, our treatment programs do not include DCH as described by the RFP and as such do not have a history with DPSS of the modality. Without that element – (and we do not foresee an appropriate collaboration/consortium in our local area that makes sense) are we to assume that our program is ineligible for this RFP?**

The RFP requires that all four services (day care habilitative treatment services, outpatient counseling, residential medical detoxification, and residential treatment services) be provided. If you could not do this, you would not meet the minimum requirements to participate under this RFP.

8. **We are in the process of applying for certification under ADP for habilitative care. We have provided day care habilitative care under Prop 36 and through Drug Court for much more than four years and can evidence extensive experience. Do we meet the four year requirement for habilitative care?**

The requirement is four years experience providing any of these required services to *CalWORKs WtW participants*.

9. **If we are in the process of acquiring certification at the time the proposal is due, will we still qualify?**

To qualify, your proposal must include evidence that the necessary certification(s) are in process and will be completed before the contract award date (estimated to be late April 2011)..

10. **What is meant by "maintain and conduct business"? Does that mean services provision as well as business offices such as payroll, accounting, human resources, etc.?**

"Maintain and conduct business" means operating a business that provides each of the four service required by this RFP.

11. **We have a possible consortium member who has been providing services in Los Angeles County for over 4 years but the business operations are now located in another state. Would they be an eligible consortium member?**

No, an agency that is located in another state would not be eligible for this RFP. An agency would be eligible if its office is located within County of Los Angeles before the contract date (estimated to be late April 2011).

12. **Minimum Mandatory Requirement # 7 requires that office sites for nonresidential services be operational at least 5 days a week during normal business hours but strongly recommends that weekend/evening services be made available. Requirement # 9 says DCH sites should make services available 6 hours a day, 6 days a week, including holidays. There seems to be a contradiction here. Is this etched in stone because usually outpatients are closed on holidays and not all are open for 6 hours on the weekend?**

Each contract exhibit (i.e., outpatient counseling, day care habilitative) requires a different set of days and hours to be in operation. The hours and days listed are consistent with current contract requirements. Proposers should follow the requirements as described in each exhibit.

Regarding the holidays, unless otherwise stated, proposers are not required to provide services on these County-observed holidays:

- New Year's Day
- Martin Luther King, Jr. Day
- President's Day
- Memorial Day
- Independence Day
- Labor Day

- Columbus Day
- Veterans' Day
- Thanksgiving
- Christmas Day

13. How does a provider document it is in good standing with the County? What evidence or other information are you looking for? Will SAPC provide a list of current contractors providing each of the required types of services that are considered to be in good standing by the County?

To document good standing with the County, a provider can submit a detailed letter that includes the following information:

- A list of the current contracts, to include contact persons, that the lead agency and each its consortium member has; and
- A statement from each consortium member that it is in good standing with the contracting party.

If a consortium member has corrective action required of it by a contracting party, then this consortium member should include the following:

- A copy of the Corrective Action Plan (CAP) submitted to the contracting party;
- A statement that, having completed this CAP, the consortium member is now in good standing with the contracting party; and

Consortium proposals must also include a statement, signed by the lead agency and all consortium members, declaring that each consortium member has no city, County, federal, and/or State-found deficiencies.

PROGRAMMATIC CONCERNS

1. Will all CalWORKs participants have to be referred from the CASC?

CalWORKs participants should be referred to treatment from a CASC. However, SAPC will also continue using the process for direct treatment admissions as established by DPSS and SAPC. See ADPA BULLETIN NO. 09-02 at the SAPC website, <http://ph.lacounty.gov/sapc/bulletins/ADPABULLETIN09-02.PDF>. The term for this is Reverse Referral, used by the DPH CalWORKs-contracted service provider whenever a participant begins receiving treatment services without receiving a direct referral from DPSS. (CW-MOU CalWORKs SA Clinical Assessment and TX SVCS FY 09-10).

2. What is SAPC's definition of an ongoing treatment outcome measure? How will SAPC evaluate the selection of treatment outcome measures included in a proposal?

Programs should use the SAPC outcome criteria for contracts.

- 3. Will the County determine the “evidence based curriculum” to be used, or will each agency have that decision?**

Each agency/proposer will be allowed to determine what evidence based practice to use. Proposers are expected to describe their use of this evidence-based practice or approach that comprehensively addresses the unique needs of each individual. The proposal must also cite specific, current research studies which provide evidence that the approach/practice is effective and considered “best practice” for the population consistent with the National Institute on Drug Abuse (NIDA) principles. In Section VI, page 19 of the RFP, other publications that the proposer may consider as reference on “best practices” are identified.

- 4. We understand that the time spent in substance abuse treatment and recovery services usually satisfies the participant’s weekly program requirement for work or job training and related activities. It seems likely that some participants will engage in multiple work activities in addition to AOD treatment (e.g., work experience, community services, adult basic education, vocational education). If so:**

- a. Who monitors the client’s progress in these other CalWORKs work activities?**
- b. Do the proposers for this RFP share this monitoring responsibility?**

All welfare to work activities are listed in the participants Welfare to Work (WtW) plan, which is maintained by the Department of Public Social Service GAIN Services Worker (GSW). On the other hand, case management, which includes monitoring of WtW activities, is the responsibility of the CalWORKs Contractor. The Contractor should provide case management services to WtW participants as needed and work closely with the assigned GSW in monitoring these welfare to work activities.

- 5. Will the CASC be required to consult with the lead agency in a consortium before making a referral to a subcontracted program within that consortium, if that is the desire of the lead?**

Yes, the CASC will confer with the lead agency, and the lead agency will then link the client with the appropriate program/agency in its network (consortium).

If the program later determines that the participant needs another modality of care, the consortium/agency will contact the CASC and assist with connecting the participant to the appropriate modality.

- 6. Will all CASCs utilize a uniform set of criteria (such as ASAM PPC) for making level of care determinations prior to referring participants for service? If so, what criteria will be used? If not, will the CASCs be required to utilize the criteria established by a successful contractor in their proposal for making referrals to programs operating within its network?**

CASCs currently use the ASI results to determine the recommended placement. SAPC is looking at the use of evidence-based assessment and placement tools, including the ASAM Placement criteria to determine how best to strengthen this area in the future. We anticipate some changes in FY 2011-12.

7. What would be the procedure to be followed if a contractor disagrees with a referral from the CASC, based on the criteria it uses to make level of care determination? For example, if a successful contractor uses ASAM Patient Placement Criteria to determine how participants should step up or step down within its continuum of care, and did not agree (that) a participant referred for residential services met the criteria for admission to that level of care, would the contractor have the opportunity to redirect a participant to a different level of care before the referral was made by the CASC? Whose assessment of needed level of care would prevail in such a disagreement?

If the contractor disagrees with a referral from the CASC, the contractor will have the opportunity to redirect the participant to a different level of care. For case tracking purposes the provider must confer with the CASC.

8. In terms of serving individuals with co-occurring disorders, what percentage of clients/patients can an agency reasonably expect to serve by treatment type and SPA who need co-occurring level of care?

There is no way to identify how many participants will be entering treatment with a COD. However, participants with a COD that cannot be managed by a program should be returned to the CASC.

9. What are the client/staff ratios per modality?

Please see:

ALCOHOL AND/OR OTHER DRUG PROGRAM, CERTIFICATION STANDARDS

Department of Alcohol and Drug Programs

1700 K Street

Sacramento, California 95811-4037

Health and Human Services Agency

State of California

March 15, 2004

http://www.adp.ca.gov/Licensing/pdf/Initial_Certification_Application_Booklet.pdf

10. There is no specification regarding capacity to accommodate children of individuals who enter residential treatment.

- Is a parent/child residential program being required?

No, it can be offered but is not required. Women with children should be served by a program that can accommodate them when such service is determined as clinically appropriate.

- If so, must both men and women be served in this setting with their children and is there any specification re: ages of children who must be served? If not, is it preferred, a necessary referral service, or can the residential treatment just include case management to ensure for the appropriate status of any minor children in case a parent requires admission for care?

Agencies can serve parents (either men or women) with children only up to 4 years of age or based on the agency's guidelines.

11. Must services also be offered for both men and women or can a consortium serve women only for residential?

Even if a provider's CalWORKs clients are exclusively women, it should still arrange for services to be provided to male CalWORKs participants requesting these services.

12. Can a consortium cross SPA boundaries/can clients receive services outside of the SPA in which they reside?

Yes, a consortium can cross SPA boundaries and clients can receive services outside of their SPA of residence. However, a program must consider the participants' resources when deciding to cross SPA boundaries in providing services. Outpatient service providers should consider the GAIN Accessibility and the Two-Hour Round Trip rules. The program activity/employment is considered inaccessible if the round trip travel time required exceeds two hours via public transportation, exclusive of the time needed to transport children to school or child care. The two-hour round trip travel time includes the time it takes the participant to walk to public transit from the place of residence and from the public transit to the activity/employment.

In addition, the recommendation is to cluster contiguous or adjacent SPAs for more efficient operations.

For more information on the GAIN Accessibility and the Two-Hour Round Trip rules, go to the DPSS website at <http://www.ladpss.org/dpss/gain/handbook/pdf/Chapter1220.pdf>

13. If there are overlapping service areas, who will determine which contractor is the responsible provider agency? How should such a determination be made?

CASC will determine which agency the participant should be referred to, based on its assessment of the participant's condition and need(s).

14. Can you please clearly define the term detoxification as referenced in this and other sections, i.e., residential social model rehabilitative detox versus medical detox?

Detoxification services referenced in this document refer to a licensed medically supervised detoxification provider. As found in Exhibit IE of this RFP, residential medical detoxification services are services directed towards the care and treatment of CalWORKs recipients and Welfare-to-Work participants, suffering from the toxic effects of alcohol, narcotics and/or dangerous drugs. These services shall be conducted within a facility licensed and approved by the State of California, Department of Alcohol and Drug Programs ("SDADP") in accordance with current Federal and State standards for such facility(ies).

15. Will participants transfer among consortia when a needed service is temporarily unavailable in the consortium to which they have been assigned? If so, would this mean all programs would be open to referrals from outside their consortium and outside their service area? How would this affect responsibility for payment? Would a consortium lead agency be responsible for paying for care given by a subcontractor to a participant referred from another SPA or Service Area?

These issues must be managed on a case by case basis. Since agencies may participate in more than one consortia, SAPC would expect that the agency providing the services would know whom they should bill and from whom they should expect payment.

Additionally the CASCs regularly report the number of referrals to treatment agencies within their SPAs during the area meetings. Therefore, this information is readily available.

16. If participants will not be transferred inter-consortium, would they be put on a waiting list for in-consortium services?

Capacity has not been a problem under the CalWORKs program. SAPC expects that every effort would be made to immediately place participants in appropriate treatment services.

17. Can you clarify (the above) statement, and explain what types of services would fall under the umbrella of "similar experience"?

Community-based organizations that do not have SAPC contracts but have experience in providing CalWORKs substance abuse treatment services and/or perinatal services may be considered as agencies with "similar experience".

18. Can an agency apply without having directly worked with CalWORKs WtW participants, but have experience working with DPSS?

No, an agency that has not worked directly with CalWORKs WtW participants cannot apply under this RFP. The RFP states, *"Proposers must demonstrate they have no less than four (4) years of experience in providing day care habilitative treatment services, outpatient counseling services, residential medical detoxification, and residential treatment services to CalWORKs WtW program participants."*

19. Given that experience with the CalWORKs WtW population is in the scoring criteria, proposers or consortium members are at a disadvantage if they are not one of the current 47 contract providers. Is the \$6.74 million to be dispersed competitively among those 47 providers? Or is the RFP IN ADDITION to the contracts with the 47 providers?

The contracts that will result from this RFP are new CalWORKs contracts. The existing 47 contracts will terminate as soon as fully executed, new contracts result from this RFP.

20. Under "Proposer's Expertise with Target Population", page 18 of the RFP states, *"Lead proposer and all partner agencies should describe their past experience working with (the*

CalWORKs WtW) population in any treatment capacity, the cultural competence training that agency has participated in..." Is this specific to the proposed CalWORKs program we are describing in this proposal, or just in general?

Yes, this is specific to the proposed CalWORKs program described in this proposal.

- 21. Will it be possible to bill case management units for home visits as required for outreach to program participants or for some other treatment-related reason? (e.g., client has family illness and must stay home for a period of time to care for an ill relative or client has been having trouble with attendance, etc.)**

Yes. SAPC is verifying this with DPSS Program staff.

- 22. What is the curriculum specific to CalWORKs and how will contracted agencies be expected to implement it; are there documents/procedures already on file or will we design our own?**

See Exhibit II, page 10, see Exhibit(s) IB, IC, ID, IE, as they apply to the services you are providing.

- 23. Few child care facilities operate on a 24/7 basis and we do not have on-site childcare. May children be remanded to the care of family member and/or friend while their primary care giver is enrolled in our residential treatment program?**

Yes, children are often left in the care of family members or trusted friends.

- 24. "CASC Services" in page 3 of the RFP states, "The CASC will place participants in programs based upon the level and intensity of services required, availability of space, proximity to residence, and any special needs..." Does this mean a CASC will be required to refer a participant to the closest provider/consortium awarded a contract, or that the CASC is required to refer a participant to the closest facility to their residence that is capable of meeting the needs documented in the initial assessment, regardless of who operates the facility? Is there any circumstance in which the CASC would make a referral to a facility or consortium more distant from a participant's home, when a suitable provider was available closer to the participant's home? Will SAPC monitor CASC referrals with respect to proximity to participant's residence?**

CASC will refer to a CW contracted consortium agency. All CW services are to be provided by a CW contracted agency. If it is determined that the program activity site is not reasonably accessible to the participant, the participant may choose an alternative site. The participant always has the option of attending any approved program activity regardless of travel time or distance if he/she is able to report to the activity on time.

For more information on the Two-mile round trip rule, go to the DPSS website at <http://www.ladpss.org/dpss/gain/handbook/pdf/Chapter1220.pdf>.

- 25. How are "aftercare services" defined and will it be limited in billing for these services (i.e. only 1/month?)**

As defined in the RFP, "aftercare recovery support" is the last stage when the client no longer requires the intensive services offered during primary treatment.

26. The CalWORKs RFP requires respondents to provide medical detox directly or through a collaborative agency. My agency is prohibited by Title 9 (State licensing regulations) from providing medical services. Hence, we must partner with an agency that provides medical detox. I am only aware of three such agencies in Los Angeles County- Tarzana Treatment Center, Redgate Memorial Hospital in Long Beach, and American Hospital in Pomona. These three are going to be inundated with requests to partner. Any comments/ suggestions? Note: we can legally provide non-medical detox under our current license.

CalWORKs participants are required to use a CalWORKs contracted *medically supervised* detoxification facility.

27. Is Treatment up to 365 days and Aftercare up to an additional 180 days or is Aftercare included in the 365 days of treatment?

Participants are eligible to receive from 6 to 18 months of treatment services based on need. In most cases, a treatment extension may be approved for additional time based upon clinical justification by a licensed, Clinical Social Worker, Marriage and Family Therapist, Medical Doctor, or other licensed clinician. Aftercare services or aftercare recovery support services are included in the 6 to 18 months of treatment. Agencies can bill for a case management visit.

28. If a program participant completes treatment, becomes employed and no longer qualifies for CalWORKs benefits, can they still participate in Aftercare and can the agency bill for it?

Yes, CalWORKs participants who complete treatment and become employed can still participate in Aftercare and the agency can bill for it. The participant may qualify for Post-Employment Services (PES) which may include recovery support and aftercare services that participants may need.

29. Are the Asian Pacific Islander Targeted Outreach Projects funded through another source or are they being eliminated through this RFP?

The Asian Pacific Islander Targeted Outreach Projects are not part of this RFP. Funding for these projects is separate.

CONTRACT CONCERNS

1. Is SAPC contracting with 25 lead agencies or as little as 6 or 7 since each could be a consortium of 4 agencies?

SAPC estimates it will be contracting with approximately eight to ten lead agencies. This estimate is based on one contract per SPA, with larger SPAs that have more participants possibly receiving additional contract awards.

2. Can any single agency belong to or participate in more than one consortia/ contract, including being the lead on one of them and a sub on one or more of the others? Please note there are very few residential medical detoxification facilities in the County.

Yes, any single agency can participate in one or more consortia, either as a member or lead agency.

3. Is there a limit to the number of consortiums an organization may participate in?

As stated in the preceding response, there is no limit to the number of consortia that an organization can participate in.

4. The RFP states, *"All agreement by consortium members to have their proposal and any resultant contract administered by a lead agency must be substantiated by the inclusion of copies of formal agreements/ subcontracts, etc. signed by executive staff with authority to bind the agency into formal contracts. These subcontracts must outline clear roles and responsibilities for all the agencies in the consortium."* How detailed should these documents be for the purposes of the RFP? Contracts may be extensive, including covering legal requirements such as confidentiality, insurance, etc., and yet, the Binder for Submission is limited in size. Just these documents could take up a lot of the space in the binder. Would a briefer, signed letter of intent to enter into a contract, with a clear reference to the County contract's language and an "outline of roles and responsibilities" suffice? Such a document would ultimately need to reflect the approved budget for an award.

A letter of intent to enter into a contract, signed by the lead agency and all members of the consortium, should suffice. This letter should be detailed enough to cover all of the areas described in the RFP and should include the following:

- acknowledgement by all consortium members that all have agreed to the selection of the proposer as the lead agency to represent and manage the consortium;
- confirmation that each consortium member has agreed to sign a subcontract or memorandum of understanding which contains the same contract requirements as the prime contract (contract between County and lead agency);
- the roles and responsibilities [e.g., service(s) to be provided] by the lead agency and by each consortium member; and
- documentation (e.g., certification and/or license) that prove consortium lead agency and members are qualified to provide such services, and have provided such services for a minimum of four years. All members of the consortium should then sign the letter.

5. What is meant by "registered within the State of California"? Does registered mean have a business license to operate in the state of California or Los Angeles? Does this mean the non-profit organization was incorporated in the state of California? Is there another registration process that is required?

Yes, registered means incorporated as a non-profit organization in the State of California. Contract requirements under "Compliance With Applicable Law" requires a contractor to comply with all applicable federal, State, and local laws, ordinances, regulations, rules, guidelines, and directives related to a contractor's performance, which would include having a Business License.

- 6. Does this preclude a proposer who is able to provide all 4 services on their own from forming a consortium in order to reach a larger geographic area within a SPA?**

No, an agency that is able to provide all four services on its own, may also form or be part of a consortium.

- 7. Will each SPA have to provide all 4 services?**

Whether as a single agency or as a consortium, a proposer must demonstrate that it can provide or make available all four services to CalWORKs WtW participants in their designated area/ SPA.

- 8. Can the organization apply for two sites in different SPAs using a single proposal?**

Yes, an organization can apply for two sites in different SPAs using a single proposal. These sites and SPAs must be clearly indicated and identified in the proposal, for budget allocation purposes.

- 9. Our agency is expected to complete its merger with another state-licensed and County-contracted provider by June 30, 2011. Will SAPC accept a proposal from our agency and our soon-to-be-merger partner as a single provider?**

Yes, SAPC will accept your proposal. See Section VII. PROPOSAL CONDITIONS, page 27 of the RFP, for notification requirements.

- 10. For a consortium with multiple agencies potentially providing services to a participant, what are SAPC's expectations regarding the lead agency's role in treatment planning with a participant, including treatment plan reviews, and the maintenance of a single case record documenting all of the services provided by consortium members?**

The consortium member-agency providing the direct treatment services will be responsible for treatment planning (together with a participant) and all other required services. The lead agency is expected to coordinate the provision of services by the consortium members and facilitate participant movement from service to service within the consortium and with the CASC, administer the subcontracts, and verify and submit consortium billings. Refer to Section V. SPECIAL NOTICES, paragraph F. Consortium, page 9 of the RFP.

- 11. This provision indicates that a lead agency will enter into subcontracts with its coalition partners, who are determined prior to submission of a proposal. At the same time, Exhibit I, Section 11, page 22 states that a contractor's request for approval of a subcontract shall include "a description of Contractor's efforts to obtain competitive bids." How will SAPC reconcile the discrepancy between this provision of the service agreement and the RFP, since competitive bidding is a County requirement for subcontracting?**

For this RFP, the term "subcontractors" of a lead agency refers to its consortium members or partners. So the competitive bid requirement will not apply to this relationship. However, for any purchases or services acquired outside of this relationship, the lead agency shall be expected to obtain the best price possible, through such means that include the use of a competitive bid process.

12. It appears DPH recognizes and anticipates most individual providers and programs will need to participate in more than one consortium in order to continue providing their current level of services to CalWORKs participants. As written, it appears at least one provider may need to participate in the majority of all proposals submitted. Under these circumstances, how does DPH define collusion, as referenced in the RFP? Specifically, what limits would DPH place on information sharing by providers who participate in more than one consortium proposal? If communication among providers involved in multiple proposals is open, truthful, and not intended to be used for fraudulent or illegal purposes, would that communication be exempt from the Department's definition of collusion?

If the communications are between providers who are members of the same consortium, then such communications may be necessary and can therefore be allowed. However, communications between any group of proposers/lead agencies made with the intent to commit a fraudulent or illegal act related to this RFP are not allowed, and will cause the RFP proposal to be eliminated from consideration.. This includes, but is not limited to, collusion with others to agree to set prices or to manipulate service requirements in order to negate the effects of the RFP competitive selection process.

13. Is this RFP for the same CalWORKs funds that we are currently receiving (Residential & Outpatient Contract # PH-000901A & B) or is this some other CalWORKs dollars?

Although the funds that are described above are the same type (i.e., CalWORKs), the funds are for a different budget period. The funds to be awarded under this RFP are CalWORKs funds for the new budget period effective July 1, 2011 through June 30, 2014.

FINANCE

1. (The RFP) says that approximately \$6.74 million will be allocated to fund services to CalWORKs WtW participants. Funding is then further distributed among each SPA. Can you clarify the maximum and minimum ceiling for budget requests?

The maximum budget that a proposer can allocate for a SPA would be the estimated SAPC Treatment Dollars that corresponds to this SPA, as indicated in the funding allocation table in Section VI. SCOPE OF OPERATIONS, page 12 of the RFP.

There is no "minimum ceiling" for budget requests.

2. The apparent requirements of this RFP for a lead agency of a consortium include numerous administrative functions involved in managing multiple subcontracts and contract compliance of other organizations; these administrative functions are not normally a part of service delivery operations under contracts with SAPC. To what extent can administrative functions

necessary to manage subcontracting functions be included in budgets submitted in response to this RFP?

SAPC is aware that there may be additional administrative costs involved with managing subcontracts. It is up to the proposer to determine those costs as part of its overall budget.

- 3. What is the method of compensation for consortium partners who deliver services but are not the lead agency in a consortium, i.e., a consortium partner that does not have a direct contract with SAPC?**

SAPC will reimburse the consortium through its lead agency, for the services provided by the consortium to CalWORKs WtW participants following the prescribed rates for these services and the payment procedures set forth in the service exhibits of the contract resulting from this RFP. It is the responsibility of the lead agency to compensate its consortium partners according to the terms of its subcontracts with these partners.

- 4. Is there a rate cap in place for any of the types of service units? In the past, it was deemed illegal to charge more than the State Drug Medi-Cal rate cap for those agencies with Drug Medi-Cal contracts.**

There are no rate caps in place for these services.

- 5. How will the rate caps affect rates that are built into these CalWORKs contracts?**

There are no caps to affect the contract rates. However, these rates may change once the results of the DPH Rate Study are made available. Any changes or adjustments to service rates shall be implemented through an amendment to the agreement(s) awarded to the selected proposer(s).

- 6. Will SAPC recognize different rates for co-occurring care, driven by staffing, medications, etc.?**

Yes, for purposes of the CalWORKs RFP, SAPC will recognize rates for COD care. However, these rates may change/adjust depending on the outcome of the DPH Rate Study.

- 7. If we have the federal award letter for indirect costs and our indirect costs are below 20%, do we need to attach justification narratives?**

Yes, please provide a short narrative if your indirect costs are below 20%.

- 8. Is there a maximum budget per modality – residential medical detox services, residential treatment services, day care habilitative services and outpatient counseling services?**

We do not have a predetermined budget amount per modality.

9. The RFP states we can reimburse for rent or lease...can we reimburse for depreciation?

Yes. Buildings and equipment with a cost of \$5,000 or more may be depreciated.

10. Is it possible that the rates will decrease following the rate study? Is it possible that the rates will increase following the rate study?

Yes, the rates may increase or decrease, depending on the outcome of the Rate Study.

11. Please clarify CalWORKs state and federal funding streams and provide CFDA# if applicable for federal funds used under TANF.

The State General Fund is the funding stream for CalWORKs substance abuse services. Federal monies are not a funding source for this program.

OTHERS

1. The RFP provides information on the number of cases served annually by SPA under the current system. What is the number of CalWORKs participants served who have actually received each type of service required in the RFP (Detoxification, Residential Treatment, Day Care Habilitation, and Outpatient Counseling) in recent periods for which SAPC has data? Is SAPC able to provide this data by SPA and/or by City?

Attached is the SAPC CalWORKs Billing Summary per SPA for Fiscal Year 2009-2010. The Summary shows the breakdown of actual SAPC-funded CalWORKs cases (in Units of Service) by modality/type of service and by SPA. These are historical data for reference only, intended to assist the proposer with preparing his/her RFP response. There is no available SAPC data at the city level.

2. In determining how many clients would be served by SPA: I took the total amount of \$6,745,063 and divided by 500 (the proximate number of participants served currently per year) and came up with \$13,470 per participant. Then divided \$13,470 into the amounts per SPA and came up with:

SPA 1	-	32 participants
SPA 2	-	67 participants
SPA 3	-	64 participants
SPA 4	-	58 participants
SPA 5	-	6 participants
SPA 6	-	128 participants
SPA 7	-	68 participants
SPA 8	-	77 participants
Total	-	500 participants

Is this your expectation of the number of participants to serve from each SPA?

These numbers are premised on a yearly number of 500. The RFP states that \$6.74 million is the estimated cost in Fiscal Year 2009-10 of providing the four services to approximately 500 CalWORKs WtW program participants per month.

3. In SPA 6, there are 39,729 DPSS-CalWORKs cases, a % of 25.66 of the \$1,728,125 estimated SAPC Treatment Dollars:

- In SPA 6, what is the percentage of the 39,729 cases that this RFP is expected to serve per year?
- Is it the expectation that all 39,729 cases will be served by the RFP per year?
- Is it possible for the consortium members to submit a proposal that would cover one of the 4 service areas in SPA 1 and the other 3 service areas in SPA 6? For example, could a person go for a week of medical detox in the valley and then receive residential treatment in SPA 6?

A proposer should come up with its own estimate of how many CalWORKs WtW participants it expects or proposes to serve per designated area/SPA. One possible reference for the breakdown of actual CalWORKs cases by SPA would be the attached SAPC CalWORKs Billing Summary for Fiscal Year 2009-2010. The funding allocation table in the RFP is meant to provide the proposer with the SAPC budget allocation per SPA for budgeting purposes.

4. Can an agency apply for funds from a Service Planning Area (SPA) in which they don't have a physical agency address/location or have a collaborative partner with a physical location in the SPA? Particularly to provide medical detox and/or residential services to program participants who live/reside in that SPA?

An agency can apply for funds for a SPA where it does not have a facility, only as part of a consortium that will be providing services in that SPA.

5. The funding table (on page 12) shows the current budget; is it possible to have these data broken out by gender and level of care or service type?

Historical service data by type of service and by SPA is provided by the attached SAPC CalWORKs Billing Summary for Fiscal Year 2009-2010. Service data broken down by gender is not currently available.

6. Please clarify how sections and paragraphs should be labeled for Section 2. Is the following sample (excerpt) correct?

Section 2: Proposer's Capabilities

2.a. Proposer's Capabilities

2.a.1. Need Statement

2.a.2. Treatment/Recovery Service Site Locations

2.a.3. Proposer's Expertise with Alcohol and Drug Treatment and Recovery Services

2.a.4. Proposer's Experience with CalWORKs WtW Participants

2.a.5. Proposer's Expertise with Target Populations

Yes, this is correct. In addition, the numbering of a proposal's pages must be sequential from beginning to end (1, 2, 3, 4...) to ensure that there are no missing pages and to prevent duplicate numbering of pages.

7. What exactly do you want pictures of? Do you mean actual photographs? How many pictures? Please note some facilities are quite large.

Proposers should submit pictures, floor plans/layouts and location maps for each agency's facility to comply with the County contract's Additional Provisions requirement for Service Delivery Site-Maintenance Standards, to show that the location is accessible by public transport, and to show that all the required areas/rooms for the specific service(s) to be provided are in the facility.

8. Should Attachment 7 (Form, Summary of Licenses and Certificates) be located under Section 1 of the proposal (Minimum Mandatory Requirements to Participate) or Section 6 (Facility Business Licenses and Certifications)? Or should it be included twice?

Form (Attachment 7)	-	should be located in Section 1 of the proposal
Copies of licenses and certifications	-	should be located in Section 6 of the proposal

Section 6 of the proposal should also indicate that the required form, Attachment 7, is in Section 1 of the proposal.

9. Should letters of support, MOUs, subcontracts, and Letters of Agreement be included in Section 1 or Section 2 of the proposal? Or should they be included twice?

These documents should be included in Section 2 of the proposal. Section 1 should indicate that these documents are in Section 2.

10. Proposers are required to submit MOUs/Letters of Agreement in two sections of the narrative: Section a(5) regarding expertise with Target Population; and Section b(7) regarding agency linkages. This is confusing. Please clarify whether these are two separate sets of MOUs/Letters of Agreement.

The 2 sets of MOUs/Letters of Agreement for inclusion in Section 2 of the proposal are different:

- Agency Linkages - the MOUs, letters of agreement, etc. should document the agency's established linkage with other community-based providers and DPSS offices for the provision to CalWORKs WtW participants of an array of services (e.g., mental health, domestic violence, housing) to address their needs including aftercare recovery support services.

- Expertise with Target Population – the MOUs, letters of support, etc. should document the agency's partnership with community-based organizations that have provided the cultural competency training for its staff, and partnerships that have made possible the conduct of outreach and educational programs for CalWORKs WtW participants. The letters of support from community groups and local residents should document the community's acceptance of their program.

11. Please confirm that actual resumes of staff should be included in Section 2 of the proposal. (Please note that, although Attachment 10 is described as a "guide" only, resumes are not listed as required documents under Section 2).

Resume is the most practical example of a document that shows if agency staff is qualified to provide services. If resumes are not available, the proposer can provide any other documentation that would show the employees' education, experience, training, and other qualifications as described on pages 19-20 of the RFP.

12. Please clarify all requirements for the organizational chart.

The chart should show the names and titles of the major functional divisions or units providing services, which make up the organization. The chart should also provide information on the supervisory responsibilities from top to bottom. If available, an organizational chart showing how consortium members will report to the lead agency should also be provided.

13. The RFP requires 4 separate sets of budget forms (one set for each of the 4 service types) and accompanying budget narratives for each fiscal year in the 36-month period. For clarification, this means that the lead agency must a total of 12 budget forms and 12 budget narratives- correct?

The RFP requires only one set of budget forms for each type of service or modality, for a total of four (4) budget forms. The prescribed 2-page budget form, RFP Attachment 6, arrays the budget items per year for three years or 36 months. If there are multiple providers of a type of service, the individual budgets should be consolidated so there is only one budget form submitted for each type of service or modality.

Correspondingly, there should only be four (4) budget narratives, one for each service or modality.

Please refer to RFP Exhibit 5 (Instructions for Preparing Budget and Narrative Form) and RFP Attachment 6 (Proposed Summary Budget form) for detailed information.

14. Is it possible for bidders to receive in an addendum a range of rates per modality from which to build an RFP for planning and budgeting purposes?

The attached SAPC CalWORKs Billing Summary for Fiscal Year 2009-2010 may be used as reference, to assist with RFP planning and budgeting.

- 15. How many WtW recipients are estimated by SAPC to need day care habilitative treatment requiring more than 3 hours per day and more than 3 days per week to warrant the cost of operating a DCH program 6 hours per day and 6 days per week?**

Refer to the attached Billing Summary for SAPC-funded CalWORKs Units of Service for day care habilitative services, for Fiscal Year 2009-2010.

- 16. The only contracts we have ever had are from LA County ADPA and they only ended and were replaced because their term was up. Do I list those? Like GR contract is for 3 years and it ended in 2009, and go a new contract number and we continued with that contract?**

Yes, these contracts may be listed in the required forms to comply with the List of Contracts requirement.

- 17. Is the Mandatory Intent to Apply due *October 12* per RFP Narrative, pages 3 and 8, or *October 25* per Attachment 1 Form?**

The Mandatory Intent to Apply is due October 25, 2010. It may be mailed to the address below or sent by fax to (626) 299-7226 attention Gary Izumi:

Mr. Gary Izumi
Director, Contract Development and Processing Division
Substance Abuse Prevention and Control
3rd Floor, Building A-9 East
1000 S. Fremont Avenue
Alhambra, California 91803

- 18. Please send to us the SPA distribution map/list to enable us to know where we belong.**

Attached is the 2007 Los Angeles County Zip Code List by SPA for your reference. You may also refer to the County SPA maps at <http://lapublichealth.org/spa/spamap.htm>.